

Unit:	Date:
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Tab:	Program/Functional Area:	Rating* (circle one): O E S M U
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Assessment Details & Comments: (Commendable Items [†] /Observations [†] /Findings [†] /Benchmark Candidates [†])	
Note: In 1 st column, indicate type of comment item with associated letter as follows: (C)ommendable, (O)bservation, (F)inding, (B)enchmark Candidate. In 2 nd column, for Findings only, ** denotes FWA [†] item, "S" denotes Safety item. SUIQ# refers to corresponding SUI Guide question number.	

Inspection Interviewer (print name and grade):

† As defined in the CAP Subordinate Unit Inspection Guide.

Rev. 16 March 2003

Unit:	Date:
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Note: In 1st column, indicate type of comment item with associated letter as follows: Commendable[†] (C), Observation[†] (O), Finding[†] (F), Benchmark Candidate[†] (B). In 2nd column, for Findings only, ** denotes FWA[†] item, "S" denotes Safety item. SUIQ# refers to corresponding SUI Guide question.

[illegible]

† As defined in the CAP Subordinate Unit Inspection Guide.

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